

# State Standard Plan

Administered by Blue Cross & Blue Shield United of Wisconsin



## BlueCross & BlueShield United of Wisconsin

An independent license of the Blue Cross  
and Blue Shield Association

### What we are

A comprehensive health plan that provides you with freedom of choice among hospitals and physicians.

It is administered by Blue Cross & Blue Shield United of Wisconsin (BCBSUW – a local company known for its service, convenience, automated processing, and the I.D. card that is recognized and accepted across the nation and around the world.

### Where we are

In addition to our corporate headquarters located in Milwaukee, we have three service centers as listed in the box to the right. We can answer questions about claims or benefits in our offices, by letter or by telephone. To provide more convenient service, walk-in customer service is available at each service center.

### Exclusions and Limitations

- Physical exams requested by third parties (i.e. school, insurance, etc.)
- Services or supplies for custodial care or rest cures as defined by the contract
- Cosmetic surgery
- Services, supplies or equipment that are not medically necessary, or that are experimental/ investigational
- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting
- In vitro fertilization or artificial insemination
- Weight loss programs, services or supplies
- Dental services except as specifically provided
- Organ transplants except as specifically provided
- Reversals of sterilization
- Care covered by worker's compensation

### Standard Plan

The Standard Plan has been redesigned into a Preferred Provider Plan (PPP) offered by the BOARD and administered by BCBSUW. The amount paid for covered benefits varies dependent upon the provider network selected. A higher level of benefits is available by using a BCBSUW preferred provider.

### **bluecrosswisconsin.com: An interactive Site for Active People Service Direct**

With our exclusive Service Direct feature, you can obtain customer service through our web site 24 hours-a-day, 7 days-a-week. Click on the NEED CUSTOMER SERVICE? button and you can:

- Check on claim status
- Order new ID cards
- Check on eligibility & benefits
- E-mail Customer Service
- Online Provider Directories
- You can create instant, customized listings by simply clicking on Find A Provider under NEED CUSTOMER SERVICE?. You can search for a physician based on your personal criteria or you can print your plan's complete directory.

### Covered Services

- Hospital Services (The Advantage Program requires prior notice of non-emergency admissions, or within 48 hours after an emergency admission)
- Maternity Care
- Surgery
- X-ray and laboratory services
- Extended Care Facility (except custodial)
- Office Calls
- Routine physical exams
- Physical, speech, and occupational therapy when necessitated by illness

### Quality Initiatives

- Effective January 1, 2004, (BCBSUW) will be implementing a higher processing standard for written inquiries. It is our goal that 100% of written inquiries be resolved within an average of 12 working days.

This is intended as a general outline of benefits. It is not intended to be a complete description of coverage and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions, please refer to the Benefit Handbook available through your personnel representative or call us at Blue Cross & Blue Shield United of Wisconsin.

#### **Service Centers**

**Customer service hotline for  
State of Wisconsin employees  
1-800-755-6400**

**Northeastern Service Center**  
145 South Pioneer Road  
Fond du Lac, WI 54935  
(920) 923-4141

**Southwestern Service Center**  
500 Hwy 151 East  
Platteville, WI 53818  
(608) 342-5300

**Western Service Center**  
2270 EastRidge Center  
Eau Claire, WI 54701  
(715) 836-7737

**Or e-mail us at our web site:**  
[www.bluecrosswisconsin.com](http://www.bluecrosswisconsin.com)

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Deductible is a separate \$100 in-network/\$500 out-of-network per person, per calendar year; maximum of two per family. After deductible, the plan pays 100% on in-network services and 80% on out-of-network services (you pay 20%) up to the reasonable charge until your plan out-of-pocket maximum has been reached, \$2000 per individual/\$4000 per family. \$2,000,000 life time per participant maximum benefit (includes prescription drugs paid under PBM).

Health Benefits	In Network/ Out of Network	Plan Pays	Limitations
<b>Physician &amp; Chiropractic Care</b>	In	100%	Subject to in-network deductible
	Out	80%	Subject to out-of-network deductible and coinsurance
<b>Hospital</b>	In	100%	365 days in semi-private room. Subject to in-network deductible. Subject to pre admission certification.
	Out	80%	365 days in semi-private room. Subject to out-of-network deductible and coinsurance. Subject to pre-admission certification.
<b>Lab and X-rays</b>	In	100%	Subject to in-network deductible
	Out	80%	Subject to out-of-network deductible and coinsurance
<b>Mental Health</b> (Combined w/ Alcohol & Drug Abuse) <i>In 2004, annual dollar maximums for mental health services are suspended.</i>	In & Out	100%	INPATIENT – 120 days or \$6,300 per calendar year, which ever is less
		90%	OUTPATIENT - Of first \$2,000 per calendar year.
		90%	TRANSITIONAL - Of first \$3,000 per calendar year.
<b>Alcohol and Drug Abuse</b> (Combined with Mental health) <i>Annual combined benefit maximum is \$7000</i>	In & Out	100%	INPATIENT – 30 days or \$6,300 per calendar year, which ever is less.
		90%	OUTPATIENT - Of first \$2,000 per calendar year.
		90%	TRANSITIONAL - Of first \$3,000 per calendar year.
<b>Emergency Room</b>	In	100%	Subject to in-network deductible
	Out	80%	Subject to out-of-network deductible and coinsurance
<b>Extended Care Facility</b>	In	100%	730 days per admission less hospital days used. Deductible. Excludes custodial care as defined by the contract
	Out	80%	730 days per admission less hospital days used. Deductible and coinsurance. Excludes custodial care as defined by the contract
<b>Vision Care</b>	In	100%	Subject to deductible
	Out	80%	For illness or disease only. Subject to deductible and coinsurance
<b>Prescribed Medical Services/Supplies</b>	In	100%	Subject to deductible
	Out	80%	Subject to deductible and coinsurance
<b>Transplants</b>	In	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Subject to deductible. Excludes all services related to non-covered transplants.
	Out	80%	Subject to deductible and coinsurance; same transplants as listed above
<b>Ambulance</b>	In	100%	Subject to deductible
	Out	80%	Subject to deductible and coinsurance
<b>Prescription Drugs</b>			Separate PBM administration. Annual out-of-pocket maximums are \$1,000 single/\$2,000 family.